

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH:

County FrederickCity or town Brunswick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 58 years

Hospital, institution, or street address where death occurred:

712 East B. St.

How long in hospital or institution?

3. (a) FULL NAME

George H. Albert

3. (b) Social Security Number

4. Sex

male

5. Color of race

white

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Ida M. Ray

7. Birth date of

deceased (mo., day, yr.)

Nov. 22 18646. (c) If alive, give age 83 years

8. AGE:

Years

83

Months

5

Days

9

If less than one day

..... hrs. min.

9. Birthplace

Maryland
(Town, county, and state)

10. Usual occupation

B. O. R. R. Car repairman Blind

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Location

18. Funeral director

Address

19. May 1

19 48

Date rec'd by registrar

19 48

Kathryn H. Brown

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Brunswick
(If outside city or town limits, write RURAL and give nearest town)Street No. 712 East B. St.

(If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 19 48 at 6:00 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 12 19 48 to May 1 19 48and that I last saw him alive on May 1 19 48

Immediate cause of death

Acute myocarditis with cerebral embolism

DURATION

1 year

Due to

Due to

Other conditions

Cerebral embolism 77

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

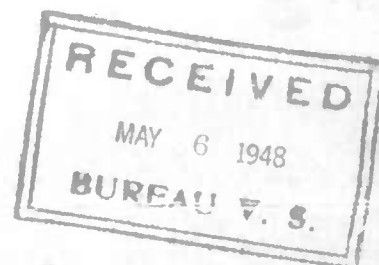
Means of injury Injured at work?

23. SIGNATURE

W. B. Carpenter

M. D. or other

Address Londellville - Va. Date signed 5/1/48



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick, Md.
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution?

16 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Montgomery
 City or town Boyd's Md - (Rural)
 (If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Lawrence E Allnutt

3. (b) Social Security Number

None

4. Sex

M

5. Color or race

W

6.(a) Single, married, widowed, or divorced

Single

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

Oct 28 - 1871

6.(c) If alive, give age years

8. AGE:

Years

Months

Days

It less than one day

7663

hrs.

min.

9. Birthplace

Dawsonville, Montg Co, Md
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

MOTHER FATHER

12. Name

Bernoni Allnutt

13. Birthplace

Maryland

14. Maiden name

Emily Dawson

15. Birthplace

Maryland

16. Informant

Jay Allnutt

Address

Boyd's, Maryland - RFD

17.

(Burial, cremation, or removal, which)

Burial

Date thereof

May 3 - 48
(month) (day) (year)

Cemetery or crematory

Monocacy

Location

Beallsville, Md

18. Funeral director

William B Hilton

Address

Barnesville, Md

19.

(Date rec'd by Registrar)

1 - May 1948Elizabeth G. Heck

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1 May 1948 at 10:59 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

DECEMBER 24, 1947 to 1 MAY 1948and that I last saw him alive on 1 MAY 1948

Immediate cause of death

CORONARY OCCLUSION

DURATION

24 Hours

Due to

ARTERIOSCLEROSIS10 years

Due to

VESSEL CHANGES10 years

Other conditions

none

(Include pregnancy within 8 months of death)

Major findings of operations

none

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

John S. Lawton M.D.

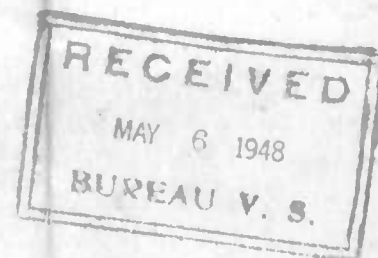
M. D. or other

Address

Boyd's, Md

Date signed

1 May 48



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04978

Reg. Dist. No. 140

1. PLACE OF DEATH:

County.....Frederick
 City or town.....Ladiesburg, Md. RFD
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?.....Lifetime
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State.....Maryland County.....Frederick
 City or town.....Ladiesburg, Md. RFD
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Richard Lewis

3. (b) Social Security Number

None

4. Sex.....Male 5. Color or race.....White 6.(a) Single, married, widowed, or divorced.....Single

6.(b) Name of husband or wife.....
 6.(c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.).....October 27, 1934

8. AGE: Years.....13 Months.....6 Days.....24 If less than one day..... hrs. min.

9. Birthplace.....Frederick County, Md.
 (Town, county, and state)

10. Usual occupation.....In School

11. Industry or business.....

FATHER 12. Name.....Jacob F. Altvater
 13. Birthplace.....Baltimore, Md.

MOTHER 14. Maiden name.....Lydia Staub.
 15. Birthplace.....Lewistown, Md.

16. Informant.....Mr. Jacob Altvater
 Address.....Ladiesburg, Md.

17. Burial.....May 23, 1948
 (Burial, cremation, or removal. Which?)..... (month) (day) (year)
 Cemetery or crematory.....Church of Brethern
Rocky Ridge, Md.
 Location.....

18. Funeral director.....M. L. Creager & Son
 Address.....Thurmont, Md.

19. May 23, 1948.....L. C. Rowell
 (Date rec'd by registrar)..... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH.....May 21, 1948, at.....1:30 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from.....October 1947 to.....May 21, 1948
 and that I last saw him alive on.....May 20, 1948

Immediate cause of death.....Chronic Myocarditis

Due to.....Chronic Endocarditis

Due to.....

Other conditions.....

(Include pregnancy within 9 months of death)

Major findings of operations..... Date of op.

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....
 Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....
 Means of injury..... Injured at work?

23. SIGNATURE.....J. H. Legg M. D. or other

Address.....Union Bridge Date signed.....5-21-48



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a

04979

CERTIFICATE OF DEATH

Reg. Dist. No. ~~131~~ 141

1. PLACE OF DEATH:

County FrederickCity or town Brunswick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Several YearsHospital, institution, or street address where death occurred:
523 East Potomac Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Brunswick
(If outside city or town limits, write RURAL and give nearest town)Street No. 523 East Potomac Street
(If rural, give LOCATION)2.(a) If veteran, name war None

3. (a) FULL NAME

CLAUDIA MAY BARGER

3. (b) Social Security Number

None

4. Sex <u>F</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>M</u>
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6. (b) Name of husband or wife Marshall E. Barger7. Birth date of deceased (mo., day, yr.) November 24, 1894
6. (c) If alive, give age 55 years

8. AGE:	Years	Months	Days	It less than one day
	<u>53</u>	<u>5</u>	<u>15</u>hrs.min.

9. Birthplace Jefferson-West Virginia
(Town, county, and state)10. Usual occupation At Home

11. Industry or business

12. Name William H. Mohler13. Birthplace Jefferson County West Virginia14. Maiden name Nellie Klipp15. Birthplace Jefferson County West Virginia16. Informant Marshall E. BargerAddress 523 E. Potomac St., Brunswick, Md.17. Burial Date thereof 5/11/48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Frederick Memorial ParkLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 11 May 1948 Eugenia H. Burke
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9 1948 at 7:30 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 3 1948 to May 9 1948
and that I last saw him alive on May 9 1948Immediate cause of death Cerebral hemorrhageDue to Myocardial infarction + Atherosclerosis

Due to

Other conditions Cerebral hemorrhage

(Include pregnancy within 8 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. J. Bruce M. D. or otherAddress Jefferson Md Date signed 5/9/48

DURATION

4 days10 yrs8 yrs

RECEIVED

MAY 13 1948

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04980

Reg. Dist. No.

131

1. PLACE OF DEATH:

County Frederick
 City or town Rural - Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Lifetime
 Hospital, institution, or street address where death occurred:
Frederick County Home
 How long in hospital or institution? 2 mos.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (a) If veteran, name war None

3. (a) FULL NAME

Charles Wesley Biddinger

3. (b) Social Security Number

None

4. Sex <u>Male</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Separated</u>
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6. (b) Name of husband or wife _____
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) May 31-1880
 8. AGE: Years Months Days If less than one day
67 11 27 _____ hrs. _____ min.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27th 19 48 at 3:40 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 1 19 48 to May 26 19 48
 and that I last saw him alive on May 26 19 48

Immediate cause of death

coronary thrombosis

DURATION

12 hrs9. Birthplace Frederick County Maryland
(Town, county, and state)10. Usual occupation Laborer

11. Industry or business

12. Name John D. Biddinger13. Birthplace Frederick County Maryland14. Maiden name Mary A. Harris15. Birthplace Frederick County Maryland16. Informant Records Frederick Co. HomeAddress Frederick, Md.17. Burial Date thereof May 31, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Mount Zion CemeteryLocation Nr. McKaig, Maryland18. Funeral director C.E. Cline and SonAddress Frederick, Maryland19. 31 May 19 48 Elizabeth S. Heale
(Date rec'd by registrar) Registrar

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____

Injured at work? _____

23. SIGNATURE _____

M. D. or other _____

Address _____

Date signed _____

June 1, 1948

RECEIVED

JUN 3 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 144

04981

1. PLACE OF DEATH:

County Frederick
 City or town Thurmont
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Lifetime.
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Thurmont
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)

2. (a) If veteran, name war No

3. (a) FULL NAME

Laura Margaret Bowers.

3. (b) Social Security Number

None

4. Sex <u>Female</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Widowed</u>
6. (b) Name of husband or wife <u>C. Calvin Bowers</u>		
7. Birth date of deceased (mo., day, yr.) <u>February 12, 1880</u>		
8. AGE: Years <u>68</u>	Months <u>3</u>	Days <u>hrs. min.</u>

9. Birthplace Thurmont, Frederick Co., Md.
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name John Freshman13. Birthplace Thurmont, Md.14. Maiden name Laura Wolfe15. Birthplace Emmitsburg, Md.16. Informant Mr. Roger BowersAddress Thurmont, Md. R.D. "2"

17. Burial Date thereof May 15, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Blue Ridge CemeteryLocation Thurmont, Md.18. Funeral director M. L. Creager & SonAddress Thurmont, Md.

19. May 14 19 48 Blanche S. Eyles
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 19 48 at 5 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 15 19 48 to May 12 19 48and that I last saw her alive on May 10 19 48Immediate cause of death Carcinoma of the liver

DURATION

6 mos.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, till in the following:

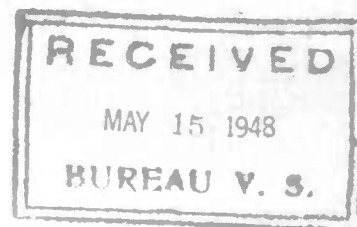
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James T. Gray M.D.Address Thurmont, Md. Date signed 5/14/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

04982

1. PLACE OF DEATH:

County..... Frederick
City or town..... State Sanatorium, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Since 4/30/48
Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
How long in hospital or institution? Since 4/30/48

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Howard
City or town..... Ellicott City
(If outside city or town limits, write RURAL and give nearest town)
Street No. Waterloo Rd.
(If rural, give LOCATION)
2. (a) If veteran, name war.....

3. (a) FULL NAME

Melvin I. Coar

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of ~~DECEASED~~ wife E. Mildred Coar

6. (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) December 20, 1900

8. AGE: Years 47 Months 4 Days 24 It less than one day hrs. min.

9. Birthplace Ednor, Maryland
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

12. Name John R. Coar

13. Birthplace Ednor, Md.

14. Maiden name Mary Ada Harding

15. Birthplace Fulton, Maryland

16. Informant Address

17. Burial Date thereof May 17, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Meadowridge Cem.

Location Wash-Balto Blvd at Dorsey Rd.

18. Funeral director J. Arthur Walters

Address 505 Washington Blvd, Laurel, Md.

19. May 14 1948
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1948 at 2:40 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 30 1948 to May 14 1948 and that I last saw him alive on May 14 1948

Immediate cause of death Pulmonary Tuberculosis DURATION 3 Mos.

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R. W. Green M. D.

Address State Sanatorium, Md. Date signed 5/14/48

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 17 1948
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 041831

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Lifetime
 Hospital, institution, or street address where death occurred:
Frederick Memorial Hospital
 How long in hospital or institution? 11 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 2 Centre Street
 (If rural, give LOCATION)
 2. (a) If veteran, name war None

3. (a) FULL NAME

Charlotte V. Cramer

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Charles E. Cramer
 6. (c) If alive, give age 56 years
 7. Birth date of deceased (mo., day, yr.) February 14-1894
 8. AGE: Years 54 Months 3 Days 8 If less than one day _____ hrs. _____ min.

9. Birthplace Adamstown-Frederick Co.-Md.
 (Town, county, and state)
 10. Usual occupation Housewife
 11. Industry or business _____
 12. Name Charles E. Esworthy
 13. Birthplace Frederick County Maryland
 14. Maiden name Susan V. O'Hara
 15. Birthplace Frederick County Maryland

16. Informant Charles E. Cramer
 Address Frederick, Maryland
 17. Burial Date thereof May 25-1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or ~~cemetery~~ Mount Olivet Cemetery
 Location Frederick, Md.
 18. Funeral director C.E. Cline and Son
 Address Frederick, Md.

19. 24 May 1948 Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22nd 1948 at 3:30p. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 31 1948 to May 22 1948
 and that I last saw her alive on May 22 1948

Immediate cause of death Cerebral hemorrhage DURATION 10 hrs.

Due to Hypertension 2 yrs.

Due to Hypertension 2 yrs.

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE L. J. Schuman M.D. M. D. or other _____

Address 502 W. 5th St. Fred. Date signed 5/24/48

RECEIVED
MAY 25 1948
BUREAU V. B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04984

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Lifetime
 Hospital, institution, or street address where death occurred:
200 East Fourth Street
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 200 East Fourth Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME

Phoebe Ann Crum

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed
 6. (b) Name of husband LeRoy I. Crum
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) June 7-1879
 8. AGE: Years 68 Months 9 Days 15 If less than one day _____ hrs. _____ min.

9. Birthplace Frederick County Maryland
 (Town, county, and state)
 10. Usual occupation Housekeeper
 11. Industry or business
 12. Name John M. Engle
 13. Birthplace Frederick County Maryland
 14. Maiden name Anna C. Wiles
 15. Birthplace Frederick County Maryland

16. Informant LeRoy I. Crum, Jr.
 Address 200 E. 4th St.-Frederick, Md.
 17. Burial Date thereof May 26-1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Mount Olivet Cemetery
 Location Frederick, Maryland
 18. Funeral director C.E. Cline and Son
 Address Frederick, Maryland

19. 24 May 1948 Elizbeth G. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22nd. 19 48 at 7:30p. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 22 19 48 to May 22 19 48
 and that I last saw him alive on May 22 19 48

Immediate cause of death Coronary artery disease
return DURATION 2 yrs. +

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE B. O. Thomas M. D. or other

Address Frederick, Md. Date signed 5/24/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Jefferson
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 39 Years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Jefferson
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)
None

2.(a) If veteran, name war _____

3. (a) FULL NAME

RACHEL WHITE DADE

3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced
M

6. (b) Name of husband or wife Maurice J. Dade

7. Birth date of deceased (mo., day, yr.) July 18, 1856
 6. (c) If alive, give age 93 years

8. AGE: Years 91 Months 10 Days 28 It less than one day _____ hrs. _____ min.

9. Birthplace Frederick County Maryland
 (Town, county, and state)

10. Usual occupation At Home

11. Industry or business _____

12. Name Joseph N. Chiswell13. Birthplace Frederick County Maryland14. Maiden name Eleanor White15. Birthplace Frederick County Maryland16. Informant Roger L. DadeAddress Jefferson, Maryland

17. Burial Date thereof 5/18/48
 (Burial, cremation, or removal of body) (month) (day) (year)

Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland

19. 17 May 1948 Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1948 at 5:45P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 3 1948 to May 16 1948
 and that I last saw him alive on May 14 1948

Immediate cause of death Pulmonary edema DURATION 2 days

Due to Myocardial decompensation 1 wk

Due to Chronic Myocarditis 3 yrs

Other conditions Similar

Atherosclerosis
 (Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of Injury _____ Injured at work? _____

23. SIGNATURE C. J. Bruce M. D.
Jefferson M. D. or other _____
 Address _____ Date signed 5/16/48

RECEIVED

MAY 19 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

04986

94a

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Independent Hose Company-18 Church St.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 435 West Patrick Street
 (If rural, give LOCATION)

2.(a) If veteran, name war World War I

3. (a) FULL NAME

RUFUS EARL DERR

3. (b) Social Security Number

220-01-1749

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced S

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 13, 1891

8. AGE: Years 57 Months 0 Days 18 If less than one day
hrs.min.

9. Birthplace Frederick-Frederick-Maryland
 (Town, county, and state)

10. Usual occupation Clerk

11. Industry or business

FATHER 12. Name Hiram A. Derr
 13. Birthplace Frederick County Maryland

MOTHER 14. Maiden name Florence May McClain
 15. Birthplace Frederick County Maryland

16. Informant Miss Ada E. Derr
 Address 435 W. Patrick St., Frederick, Md.

17. Burial Date thereof 5/4/48
 (Burial, cremation, or removal? Which?) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery
 Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son
 Address Frederick, Maryland

19. 4 May 1948 Elizabeth E. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1st, 1948 at 6:15P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

..... To
 and that I last saw him DEAD May 1st, 1948

Immediate cause of death

Coronary Thrombosis

DURATION

Instant

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

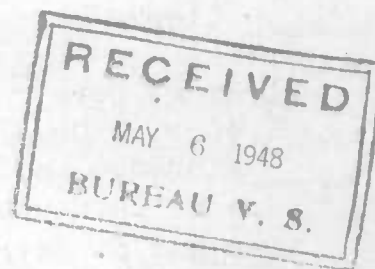
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Charles E. Cook, Jr. Deputy Medical Examiner
 M. D. or other
 Address Frederick, Maryland Date signed 5-1-48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

04987

48 f

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:
114 Ice Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Frederick

City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street No. 114 Ice Street
(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

BESSIE MAY DORSEY

3. (b) Social Security Number

None

4. Sex F 5. Color or race C 6. (a) Single married, widowed, or divorced W

6. (b) Name of husband or wife Harry F. Dorsey

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 17, 1883

8. AGE: Years 64 Months 5 Days 17 If less than one day hrs. min.

9. Birthplace Frederick-Frederick-Maryland
(Town, county, and state)

10. Usual occupation Domestic

11. Industry or business

FATHER 12. Name John T. Skinner

13. Birthplace Frederick County Maryland

MOTHER 14. Maiden name Rachel Herbert

15. Birthplace Frederick County Maryland

16. Informant Mrs. Kenneth Johnson

Address Ice St., Frederick, Maryland

17. Burial Date thereof 5/7/48
(Burial, cremation, or removal, etc.) (month) (day) (year)

Cemetery or crematory Fairview Cemetery

Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 6 May 19 48 Elizabeth L. Hetch
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4th 19 48 at 2:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 20 19 48 to May 4 19 48

and that I last saw him alive on May 4 19 48

Immediate cause of death Carcinoma Stomach

DURATION 7 7

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

Signature Howard W. Ash M. D.

23. SIGNATURE Howard W. Ash M. D. or other

Address Frederick, Maryland Date signed 5-5-48

MARGIN RESERVED FOR BINDING

I

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 8 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04988

932

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Lifetime

Hospital, institution, or street address where death occurred:

253 East Church Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 253 East Church Street

(If rural, give LOCATION)

None

2. (a) If veteran, name war

3. (a) FULL NAME

McCLINTON EARLY

3. (b) Social Security Number

214-10-5491

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Minnie Gaver Early6. (c) If alive, give age 75 years

7. Birth date of

deceased (mo., day, yr.)

February 18, 1886

8. AGE:

Years

62

Months

2

Days

22

If less than one day

.....hrs.min.

9. Birthplace

Frederick County, Maryland

(Town, county, and state)

10. Usual occupation

Night Watchman

11. Industry or business

FATHER

12. Name

Samuel Early

13. Birthplace

Pennsylvania

MOTHER

14. Maiden name

Evelyn Murphy

15. Birthplace

Pennsylvania

16. Informant

Mrs. McClinton Early

Address

Frederick, Maryland

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof May 12, 1948
(month) (day) (year)

Cemetery or crematory

Mount Olivet Cemetery

Location

Frederick, Maryland

18. Funeral director

C. E. Cline & Son

Address

Frederick, Maryland

19. 11-May

1948
(Date rec'd by registrar)Elizabeth G. Heck
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

May 10th19 48at 5:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 27 19 48 to May 10 19 48and that I last saw him alive on May 9 19 48

Immediate cause of death

Coronary Occlusion

DURATION

5-6 days

Due to

Myocarditis withauricular fibrillation

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

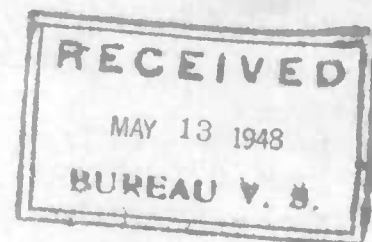
Injured at work?

23. SIGNATURE

Howard W. Ash M.D.
Frederick, Md

M. D. or other

Date signed 5-11-48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04989

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick
 City or town State Sanatorium, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since 9/21/36
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? Since 9/21/36

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Charles
 City or town Newport
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Frank J. Edelen

3. (b) Social Security Number

None

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male

White

Married

6. (b) Name of ~~husband~~ wife Mary V. Edelen

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) July 4, 18788. AGE: Years Months Days If less than one day
69 10 28 _____ hrs. _____ min.9. Birthplace Maryland
 (Town, county, and state)10. Usual occupation Farmer

11. Industry or business

12. Name Frank Edelen13. Birthplace Maryland14. Maiden name Josephine Boarman15. Birthplace Maryland16. Informant Deceased

Address

17. Burial Date thereof May 6, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Montrose Cem.Location Frederick, Md.18. Funeral director M. L. Creager & SonAddress Thurmont, Maryland19. May 3 19 48
 (Date rec'd by registrar) Registrar JB

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 19 48 at 9:00 P21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
September 21 19 36 to May 2 19 48
 and that I last saw him alive on May 2 19 48Immediate cause of death
Pulmonary Tuberculosis DURATION
12 Yrs.~~DEATH~~
Cardiac Failure 2 Mos.

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

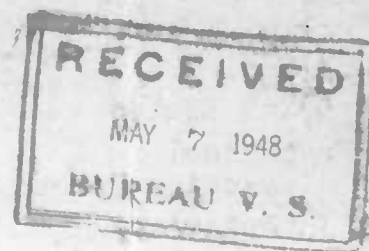
Means of injury _____ Injured at work? _____

23. SIGNATURE R. B. Baccin M. D. or other XAddress State Sanatorium, Md. Date signed 5/3/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

04990

131

1. PLACE OF DEATH:

County Frederick

City or town Frederick Md
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 week

Hospital, institution, or street address where death occurred
Frederick Memorial Hospital

How long in hospital or institution? 3-10-48 - 3-18-48

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Rural near Bartholows
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

M. John A. Engle

3. (b) Social Security Number

None

4. Sex

male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife Mr. Gertrude Engle

7. Birth date of deceased (mo., day, yr.) 9-1-1877

6. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

70

8

12

hrs.

min.

9. Birthplace Frederick Co. Md.

(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

12. Name Francis Howard Engle

13. Birthplace Maryland

14. Maiden name Ida Marion Lewis

15. Birthplace Maryland

16. Informant Gertrude W. Engle

Address Mt Airy Md.

17. Burial Date thereof May 16, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Kemp Town

Location Kemp Town.

18. Funeral director W. E. Falconer.

Address New Market Md.

19. May 15 1948 Elizabeth G. Hech
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13 1948, at 11 A M

21. I CERTIFY that death occurred on the date above stated; That I attended deceased from May 10 1948 to May 13 1948

and that I last saw him alive on May 13 1948

Immediate cause of death _____

DURATION

Rocky Mountain Spotted Fever 1 week

Due to Fever

Due to _____

Due to _____

Other conditions Dysentery Malaria

(Include pregnancy within 3 months of death)

Major findings of operations none

Date of op. _____

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE A. A. Pearce, M.D.

Address Frederick Md Date signed 5/13/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 19 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1860

04991

131

Reg. Dist. No.

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Lifetime

Hospital, institution, or street address where death occurred:

220 West South Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 220 West South Street

(If rural, give LOCATION)

2. (a) If veteran, name war None

3. (a) FULL NAME

ANNIE ELIZABETH ENGLEBRECHT

3. (b) Social Security Number

None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
<u>Female</u>	<u>White</u>	<u>Widowed</u>

B. (b) Name of husband or wife Frank L. Englebrecht

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) April 18, 1870

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>1</u>	<u>3</u>	_____ hrs. _____ min.

9. Birthplace Frederick County, Maryland
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

FATHER	12. Name <u>William H. Hane</u>
MOTHER	13. Birthplace <u>Frederick County, Maryland</u>

14. Maiden name Mary Brashears15. Birthplace Frederick County, Maryland16. Informant Mr. Oliver F. EnglebrechtAddress 220 W. South St., Frederick, Md.17. Burial Date thereof May 24, 1948
(Burial, cremation, or removal of body) (month) (day) (year)Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director C. E. Cline & SonAddress Frederick, Maryland19. 24 May 48 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21st 19 48 at 5:30 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 23 19 47 to May 21st 19 48
and that I last saw him alive on May 19 19 48Immediate cause of death Sepsis - from
Staphylococcus
Due to Fractured Femur

Due to _____

Other conditions Arthritis deformans 12 yrs
(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 11/23/47Where did injury occur? Frederick (City or town) Frederick (County) MD (State)Injured at home, farm, industry, public place (where?) HomeMeans of injury Fall Injured at work? 6/24/4823. SIGNATURE S. P. Scholten MD M. D. or otherAddress 342 West Frederick Date signed 5/23/48

DURATION
<u>9 months</u>
<u>6 months</u>



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04992

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 hours
Hospital, institution, or street address where death occurred:
Frederick Memorial Hospital
How long in hospital or institution? 3 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Baltimore
City or town Sparks
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2. (a) If veteran, name war _____ None

3. (a) FULL NAME

Miss Huldah Elizabeth Ensor

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife _____
6. (c) If alive, give age _____ years
7. Birth date of deceased (mo., day, yr.) September 11, 1899

8. AGE Years 48 Months 7 Days 28 If less than one day _____ hrs. _____ min.

9. Birthplace Baltimore County Maryland
(Town, county, and state)

10. Usual occupation School Teacher

11. Industry or business

12. Name William L. Ensor
13. Birthplace Baltimore County Maryland

14. Maiden name Bertha E. Ensor
15. Birthplace Baltimore County Maryland

16. Informant Hospital Records

Address _____
17. Burial Date thereof 5/12/48
(Burial, cremation or removal, Which?) (month) (day) (year)

Cemetery or crematory Bosleys Cemetery
Sparks, Maryland
Location _____

18. Funeral director Brooks Funeral Home
Address Sparks, Maryland

19. 10 May 1948 Elizabeth L. Hask
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9 1948 at 11:35 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 9 1948 to May 9 1948
and that I last saw him alive on May 9 1948

Immediate cause of death _____ DURATION _____
Acute myocarditis 1 day
(Myocardial infarction)

Due to _____

Due to Pneumonia, Influenza 2 days

Other conditions _____

(Include pregnancy within 3 months of death)
Major findings of operations None

_____ Date of op. _____

Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____
Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____
Means of injury _____ Injured at work? _____

23. SIGNATURE A. A. Burns M.D.
M. D. or other _____

Address Frederick, Md. Date signed May 9 '48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 13 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, IN UNFADING INK. Supply every item of information carefully. The contact age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 113993

1. PLACE OF DEATH:

County FredrickCity or town Fredrick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

in ambulance near Fred. H. Mem. Hosp.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Harf.City or town Aberdeen
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (a) FULL NAME

Laura Etta Evans

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

William Evans

7. Birth date of deceased (mo., day, yr.)

(?) 1864

6. (c) If alive, give age _____ years

8. AGE:

84?

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

North Carolina
(Town, county, and state)

10. Usual occupation

11. Industry or business

MOTHER

FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial, cremation, or removal

Date thereof

18. Funeral director

Address

19. (Date rec'd by registrar)

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

22. VIOLENCE: If death was due to external causes, fill in the following:

23. SIGNATURE

24. Address

25. Date signed

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 1948, at 3.20 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

_____ 19____ to _____ 19____

and that I last saw him alive on May 11 1948

Immediate cause of death

compd fracture of legs
+ sternal fracture
7 relapse, heart

DURATION

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 5.11.48Where did injury occur? Wheaton, Fredrick, Md.
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) Route 340 US

Means of injury

auto

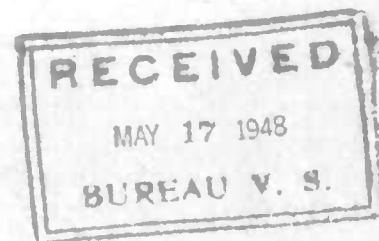
Injured at work?

no

23. SIGNATURE

P. W. Bann Deputy Med
Fredrick, MD EX
Address _____ Date signed 5.11.48

M. D. or other



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04994

Reg. Dist. No. 145

1. PLACE OF DEATH:

County FrederickCity or town Rural Myersville
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 48 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County FrederickCity or town Rural Myersville
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

If rural, give LOCATION

2.(a) If veteran, name war Spanish American War

3. (a) FULL NAME

James Milton Liestone

3. (b) Social Security Number

4. Sex male 5. Color or race white 6.(a) Single, married, widowed, or divorced6.(b) Name of husband or wife none7. Birth date of deceased (mo., day, yr.) June 20, 18658. AGE: Years 72 Months 10 Days 12 If less than one day
hrs. min.9. Birthplace Myersville, Frederick Co., Md.
(Town, county, and state)10. Usual occupation Day Laborer

11. Industry or business

12. Name James Liestone13. Birthplace Myersville, Md.14. Maiden name Emma Shipp15. Birthplace Myersville, Md.16. Informant Mrs. Theres SummersAddress Myersville, Md.17. Burial Date thereof May 4, 1948
(Burial, cremation, or removal. Which) (month) (day) (year)Cemetery or crematory Lutheran CemeteryLocation Middletown, Md.18. Funeral director Bladhill Co.Address Middletown, Md.19. May 4 19 48 Edgar Bettle
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2 May 19 48 at 5:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

never 19 48 to 19 48and that I last saw him alive on 2 May 19 48Immediate cause of death Coronary Thrombosis

DURATION

2 hrs (?)

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Charles H. Copley, Jr. M.D.Asst. Dep. Med Exam M. D. or otherAddress Frederick, Md. Date signed 5/4/48

RECEIVED

MAY 7 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1444

1. PLACE OF DEATH: Frederick
County.....
City or town.....
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 50 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
Md. Frederick
State..... County.....
City or town.....
(If outside city or town limits, write RURAL and give nearest town)
Street No. Water Street
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3.(a) FULL NAME William Abraham Fogle
3.(b) Social Security Number

4. Sex Male
5. Color or race White
6.(a) Single, married, widowed, or divorced Widowed

8.(b) Name of husband or wife Carrie Irene Fogle

7. Birth date of deceased (mo., day, yr.) October 6, 1870
6.(c) If alive, give age..... years

8. AGE: Years 77, Months 7, Days 22, It less than one day..... hrs. min.

9. Birthplace Rocky Ridge, Frederick Co. Md.
(Town, county, and state)

10. Usual occupation Retired farmer

11. Industry or business

FATHER 12. Name Adam Fogle
13. Birthplace Maryland

MOTHER 14. Maiden name Sarah Derr.
15. Birthplace Maryland

16. Informant Leonard Fogle
Address Thurmont, Md.

17. Burial Date thereof May 31, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory United Brethern
Location Thurmont, Md.

18. Funeral director M. L. Creager & Son
Address Thurmont, Md.

19. May 29, 1948
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1948 II:45AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3-10-48 to 5-27-48 and that I last saw him alive on 5-26-48

Immediate cause of death
Cerebral
arteriosclerosis
and
hypertension

Due to
Due to
Other conditions

(Include pregnancy within 3 months of death)
Major findings of operations
Date of op.

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

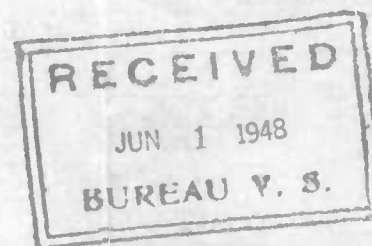
22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE
Date signed May 28, 1948

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
 County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
Frederick Memorial Hospital
 How long in hospital or institution? Since May 8, 1948

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 317 South Market Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME
MARY NETTIE FULMER

3. (b) Social Security Number
None

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced M
 6. (b) Name of husband or Charles V. Fulmer
 6. (c) If alive, give age 50 years
 7. Birth date of deceased (mo., day, yr.) March 11, 1899
 8. AGE: Years 49 Months 2 Days 9 If less than one day
hrs. min.

9. Birthplace Frederick-Frederick-Maryland
 (Town, county, and state)
 10. Usual occupation At Home
 11. Industry or business
 12. Name George R. Moberly
 13. Birthplace Frederick County Maryland
 14. Maiden name Mary Catherine Barnes
 15. Birthplace Frederick County Maryland
 16. Informant Charles V. Fulmer
 Address 317 S. Market St., Frederick, Md.

17. Burial 5/22/48
 (Burial, cremation, or removal. Write.) Date thereof (month) (day) (year)
 Cemetery or crematory Mount Olivet Cemetery
 Location Frederick, Maryland
 18. Funeral director M. R. Etchison and Son
 Address Frederick, Maryland

19. 20 May 1948
 (Date rec'd by registrar) Elizabeth G. Heck
 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20th 1948 12:40A
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
May 8th 1948 to May 20 1948
 and that I last saw her alive on 20th 1948
 Immediate cause of death Lobar Pneumonia

DURATION
13 das
 Due to
 Due to
 Other conditions
 (Include pregnancy within 3 months of death)

Major findings of operations
 Date of op.
 Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide
 Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

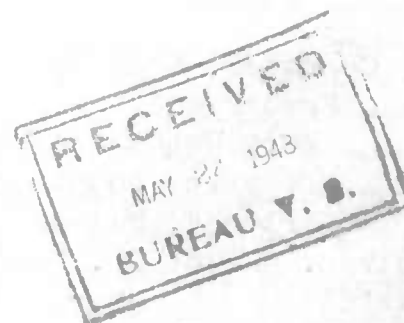
23. SIGNATURE Robert S. Lyson M. D.
Frederick, Maryland M. D. or other
 Address Frederick, Maryland Date signed 5-20-48

MARGIN RESERVED FOR BINDING

9-45-15M

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 145

1. PLACE OF DEATH:

County Frederick
 City or town Myersville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 13 mo.
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Rural Myersville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME

Noah Preston Garmann

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife May Eota
 (Grossnickle) Garmann If alive, give age 72 years
 Birth date of deceased (mo., day, yr.) Nov 29, 1877

8. AGE: Years 70 Months 5 Days 3 If less than one day _____ hrs. _____ min.

9. Birthplace Myersville, Frederick, Md.
 (Town, county, and state)

10. Usual occupation Retired

11. Industry or business Farmer

12. Name John F. Garmann

13. Birthplace Md.

14. Maiden name Emma F. Garmann

15. Birthplace Md.

16. Informant Mrs N. P. Garmann

Address Myersville, Md.

17. Burial Date thereof May 5, 1948

(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory United Brethren

Location Myersville, Md.

18. Funeral director Paul S. Bitts

Address Myersville, Md.

19. May 3 19 48 Edgar Bitts

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 19 48 at 5:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug - 19 1947 to May 2 19 48

and that I last saw him alive on April 30 19 48

Immediate cause of death _____ DURATION

Cardio-Renal-Vascular 3 yrs

Due to disease

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Antopsy results _____ Date of op. _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

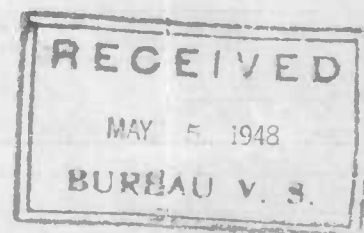
Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE J. E. Harp, M.D. M. D. or other _____

Address Middletown Date signed 5-3-48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04998

Reg. Dist. No. 131

1. PLACE OF DEATH
County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
Frederick Memorial Hospital
How long in hospital or institution? 28 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 138 West All Saint Street
(If rural, give LOCATION)
None
2.(a) If veteran, name war

3. (a) FULL NAME
Bruce Garner (BRUCE DAVID GARNER)

3. (b) Social Security Number
None

4. Sex M 5. Color or race C 6. (a) Single, married, widowed, or divorced S
6. (b) Name of husband or wife
6. (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 8, 1945
8. AGE: Years 2 Months 10 Days 28 If less than one day
hrs. min.

9. Birthplace Frederick-Frederick-Maryland
(Town, county, and state)
10. Usual occupation Infant

11. Industry or business
12. Name William H. Garner, Jr.
13. Birthplace Frederick County Maryland
14. Maiden name Olive Davis
15. Birthplace Frederick County Maryland
16. Informant William H. Garner, Jr.
Address 138 W. All Saint St., Frederick, Md.

17. Burial Date thereof 5/10/48
(Burial, cremation, or removal, which?) (month) (day) (year)
Cemetery or crematory St. Johns Cemetery
Frederick, Maryland
Location
18. Funeral director M. R. Etchison and Son
Address Frederick, Maryland

19. 8 May 1948 Elizabeth S. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 1948 at 11¹⁵ M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
4/8 to 5/6 1948
and that I last saw him alive on May 6, 1948

Immediate cause of death Influenza
Meningitis

Due to
Due to
Other conditions
(Include pregnancy within 8 months of death)

Major findings of operations
Date of op.

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE A. A. Pearce M.D.
M.D. or other
Frederick, Maryland Date signed 5-6-48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 8 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FREDERICKCity or town FREDERICK
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 10 MINUTES

Hospital, institution, or street address where death occurred:

FREDERICK MEMORIAL HOSPITALHow long in hospital or institution? 10 MINUTES

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County BaltimoreCity or town Reisterstown Route 2
(If outside city or town limits, write RURAL and give nearest town)Street No. Nicodemus Road
(If rural, give LOCATION)2.(a) If veteran, name war No

3. (a) FULL NAME

GRIMES, MARY AGNES

3. (b) Social Security Number

216-28-0318

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

MARRIED6. (b) Name of husband or Russell R. Grimes6. (c) If alive, give age 41 years

7. Birth date of

deceased (mo., day, yr.)

August 22 1909

8. AGE:

Years

38

Months

8

Days

17

If less than one day

.....hrs.min.

9. Birthplace Westminster Carroll Co Md
(Town, county and state)10. Usual occupation Housewife

11. Industry or business

FATHER

12. Name

Jacob E Ness

13. Birthplace

Carroll Co Md

MOTHER

14. Maiden name

Lucy Agnes Walsh

15. Birthplace

Westminster Md16. Informant Russell R Grimes

Address

Nicodemus Rd Reisterstown Md17. Burial Date thereof May 12 1948
(Burial, cremation, or removal, which) (month) (day) (year)

Cemetery or

Meadow Branch

Location

Westminster, Md.18. Funeral director Wm Berryman & Sons

Address

Reisterstown Md19. 10 May 19 48 Elizabeth G. Hecks
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9 MAY 19 48 at 11:55 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

NEVERand that I last saw him DEAD 9 MAY 19 48
alive on

Immediate cause of death

FRACTURED SKULL

DURATION

40 MIN.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ACCIDENT Date of 9 MAY 1948Where did injury occur? NR. JEFFERSON FRED. Md.
(City or town) (State)Injured at home, farm, industry, public place (where?) U.S. ROUTE 340Means of injury THROWN FROM MOTORCYCLE Injured at work? No

23. SIGNATURE

Charles H. Conley Jr. M.D.
Asst. Sup. Med. Exam.Address FREDERICK, MARYLAND Date signed 5/9/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Indicate correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 13 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The coroner's age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? LifetimeHospital, institution, or street address where death occurred:
700 North Market Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 700 North Market Street
(If rural, give LOCATION)2.(a) If veteran, name war None

3. (a) FULL NAME

MISS NANNIE GROFF

3. (b) Social Security Number

None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
<u>Female</u>	<u>White</u>	<u>Single</u>

6. (b) Name of husband or wife

6. (c) If alive, give age _____ years
7. Birth date of deceased (mo., day, yr.) July 10, 1867

8. AGE:	Years	Months	Days	It less than one day
	<u>80</u>	<u>10</u>	<u>16</u>	_____ hrs. _____ min.

9. Birthplace Frederick, Frederick County, Md.
(Town, county, and state)10. Usual occupation Retired

11. Industry or business

12. Name Capt. Joseph Groff13. Birthplace Lancaster County, Pa.14. Maiden name Susan Smith15. Birthplace Woodsboro, Md.16. Informant Mrs. Fannie Groff DudrearAddress Frederick, Maryland17. Burial Date thereof May 29, 1948
(Burial, cremation or removal) (month) (day) (year)Cemetery or ~~cemetery~~ Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director C. E. Cline & SonAddress Frederick, Maryland19. 28 May 1948 Elizabeth L. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26th 1948 at 4:40 P.M.21. I CERTIFY that death occurred on the date above stated: that I attended deceased from May 6 1948 to May 26 1948
and that I last saw him alive on May 26 1948Immediate cause of death Acute cardiac dilatation DURATION 4 daysDue to Chronic myocarditis 6 mo.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Elizabeth L. Heck M. D. or otherAddress Frederick, Md. Date signed May 28 1948

RECEIVED

JUN 3 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 7 yearsHospital, institution, or street address where death occurred:
MontervueHow long in hospital or institution? 7 years

3. (a) FULL NAME

Frank Hawkins

4. Sex

male

5. Color or race

colored

6. (a) Single, married, widowed, or divorced

single

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) (unknown) 18608. AGE: Years 88? Months Days If less than one day hrs. ° min.9. Birthplace unknown
(Town, county, and state)10. Usual occupation day laborer

11. Industry or business

12. Name unknown

13. Birthplace

14. Maiden name unknown

15. Birthplace

16. Informant Russel HouseAddress Middletown Md.17. Burial Date thereof May 17, 1948
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematory Reformed CemeteryLocation Middletown, Md.18. Funeral director Bladhill Co.Address Middletown, Md.19. 17 May 1948 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Rural Middletown
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)2. (a) If veteran, name war no

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 1948 at 12 noon

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 1 1946 to May 15 1948and that I last saw him alive on May 14 1948Immediate cause of death Cerebral hemorrhage

DURATION

5 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

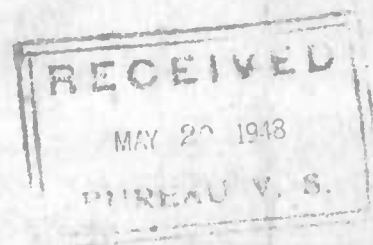
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Bernard Hanna M.D.Address Fed Hill Date signed 5/17/48

1860
88
8761



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05002

83a

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
Jefferson
or town (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
Jefferson
City or town (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)
None

2.(a) If veteran, name war

3. (a) FULL NAME

ABRAHAM HEMP, JR.

3. (b) Social Security Number

None

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced M

6. (b) Name of husband or wife Maude Doty
6. (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) March 29, 1869

8. AGE: Years 79 Months 1 Days 12 It less than one day _____ hrs. _____ min.

9. Birthplace Jefferson-Frederick-Maryland
(Town, county, and state)

10. Usual occupation Live Stock Dealer

11. Industry or business Own Business

FATHER 12. Name Abraham Hemp
13. Birthplace Frederick County Maryland

MOTHER 14. Maiden name Hannah Slifer
15. Birthplace Frederick County Maryland

16. Informant Mrs. Maude D. Hemp
Address Jefferson, Maryland

17. Burial Date thereof 5/13/48
(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Reformed Cemetery
Jefferson, Maryland
Location

18. Funeral director M. R. Etchison and Son
Address Frederick, Maryland

19. 13 May v.s. Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11th 1948 at 6:55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1948 to May 11 1948
and that I last saw him alive on May 11 1948

Immediate cause of death Cerebral Edema with
suppression respiratory center
Cerebral hemorrhage
Due to Arteriosclerosis
Generalized
Malnutrition

DURATION
2 days

4-7 Mo

10 yrs

3 yrs

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. L. Smith M. D.

Address Jefferson, Maryland Date signed 5-12-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 17 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

05027

131

186a

1. PLACE OF DEATH

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 6 days

Hospital, institution, or street address where death occurred

Frederick Memorial HospitalHow long in hospital or institution? 6 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CornellNew Windsor
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Cora Stauffer

3. (b) Social Security Number

none

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Walter Stauffer

7. Birth date of

deceased (mo., day, yr.)

Nov. 4 - 1865

6. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

82620

hrs.

min.

9. Birthplace

Cornell County, Md.
(Town, county, and state)

10. Usual occupation

Florist

11. Industry or business

Retired

FATHER

12. Name

David P. Smelser

13. Birthplace

Maryland

MOTHER

14. Maiden name

Sarah Cornell

15. Birthplace

Maryland

16. Informant

Eva R. Rhodes

Address

Washington, D.C.

17. Burial

(Burial, cremation, or removal. Which?)

Burial Date thereof 5/27/48

Cemetery or crematory

Episcopal Cemetery

Location

New Windsor, Md.

18. Funeral director

W. H. Zacher & SonsPerson Budget & Home Services, Inc.

19. Date rec'd by registrar

May 21 1948Elizabeth G. Heck

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 1948 at 9:15 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 15 1948 to May 24 1948and that I last saw her alive on May 24 1948

Immediate cause of death

Cerebral hemorrhage

Due to

Due to

Other conditions

DURATION

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

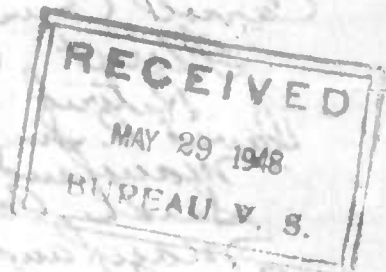
Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE

E. P. Thum
Address Frederick, Md. Date signed May 25 1948

M. D. or other



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 6 days
Hospital, institution, or street address where death occurred:
Frederick Memorial Hospital
How long in hospital or institution? 6 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Knoxville
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2(a) If veteran, name war _____

3. (a) FULL NAME

Henry W. Hill Sr.

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Bessie Bosters Hill

7. Birth date of deceased (mo., day, yr.) Dec. 8, 1873 6. (c) If alive, give age _____ years

8. AGE: Years 74 Months 4 Days 27 If less than one day _____ hrs. _____ min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation Retired Track Foreman

11. Industry or business Railroad

12. Name Christian Hill

13. Birthplace Maryland

14. Maiden name Elizabeth Nicklas

15. Birthplace Maryland

16. Informant Charles K. Hill

Address Knoxville Maryland

17. Burial Date thereof May 8-1948
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Reformed Cemetery

Location Knoxville, Maryland

18. Funeral director CN & Co. Bro.

Address Brownsville Maryland

19. 7 May 19 48 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 19 48 at 6:05 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 30 19 48 to May 5 19 48 and that I last saw him alive on May 5 19 48

Immediate cause of death Pulmonary Edema DURATION 1 Day

Due to Myocardial infarction 4 Days

Due to Coronary Occlusion 1 wk

Other conditions Smoking, coronary
Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings of operations _____

Autopsy results _____ Date of op. _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE _____ M. D. or other _____

Address Knoxville, Tenn Date signed 5/5/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 8 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05004

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH:

County Frederick

City or town Brunswick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

7 South Virginia Ave

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Brunswick
(If outside city or town limits, write RURAL and give nearest town)

Street No. 7 S. Va Ave
(If rural, give LOCATION)

2(a) If veteran, name war

3. (a) FULL NAME

Melvin Harold Hooper

3. (b) Social Security Number

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

Feb. 15 1948

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

3

10

hrs.

min.

9. Birthplace

Maryland
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name

Melvin Harold Hooper

13. Birthplace

Maryland

MOTHER

14. Maiden name

Nellie Mae Schaeffer

15. Birthplace

Pa.

16. Informant

M. H. Hooper

Address

Brunswick Md

17.

Burial

Date thereof

May 29 1948
(month) (day) (year)

Cemetery or crematory

Reformed

Location

Univ. Md

18. Funeral director

G. H. Fuchs & Son

Address

Brunswick Md.

19.

May 28 1948
(Date rec'd by registrar)

Kathryn H. Brown
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27 1948 at 10:30 P.M. 8 S.T.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 27 1948 to May 27 1948 and that I last saw him alive on May 27 1948

Immediate cause of death

Bronchial pneumonia

DURATION

2 d.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

W. P. Coyle

M. D. or other

Address Lowellville Pa Date signed 5/29/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 2 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Rural- Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Lifetime
 Hospital, institution, or street address where death occurred:
Frederick County Home
 How long in hospital or institution? 2 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Lewistown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (a) If veteran, name war None

3. (a) FULL NAME

Blanche Edna Houck

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Single
 6. (b) Name of husband or wife _____
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) September 22-1900
 8. AGE: Years 47 Months 6 Days 0 If less than one day _____ hrs. _____ min.

9. Birthplace Frederick County Maryland
 (Town, county, and state)
 10. Usual occupation House- Work
 11. Industry or business _____

12. Name Singleton E. Houck
 13. Birthplace Frederick County Maryland
 14. Maiden name Etta May Wood
 15. Birthplace Frederick County Maryland

16. Informant Mrs. Guy L. Wolfe
 Address Frederick, Md.

17. Burial Date thereof May 24-1948
 (Burial, cremation, or removal) (month) (day) (year)
 Cemetery or ~~removal~~ Mount Olivet Cemetery
 Location Frederick, Md.

18. Funeral director C.E. Cline and Son
 Address Frederick, Md.

19. 24 May 1948 Elizabeth B. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22nd. 1948 at 3:30p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1 1946 to May 22 1948
 and that I last saw h. CV alive on May 20 1948

Immediate cause of death
Epilepsy

DURATION

37 years

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Bernard Hanna M.D.

M. D. or other

Address Frederick, Md. Date signed May 24, 1948

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 25 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

167

05006

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

106 East Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 106 East Street

(If rural, give LOCATION)

2. (a) If veteran, name war World War II

3. (a) FULL NAME

EUGENE HOWARD

3. (b) Social Security Number

4. Sex

M

5. Color or race

C

6. (a) Single, married, widowed, or divorced

Unknown

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) March 21, 1902

6. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

46125

hrs.

min.

9. Birthplace Cairo, Illinois

(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

12. Name Unknown13. Birthplace Unknown14. Maiden name Unknown15. Birthplace Unknown16. Informant Army of the United States Discharge

Address

17. Burial Date thereof 5/19/48

(Burial, cremation, or disposal which) (month) (day) (year)

Cemetery or crematory Fairview CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 18 May 1948 Elisabeth G. Hecks

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 16 May 1948 at 1:10 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

never 19____, fo. 19____
and that I last saw him live on 16 May 1948

Immediate cause of death

Fracturation of liver, multiple
Stab wounds

DURATION

Immed.

Due fo.

Due fo.

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Homicide Date of 16 May 1948Where did injury occur? Frederick Fred. Maryland
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) HomeMeans of injury Assault with knife Injured at work? No23. SIGNATURE Charles H. Conley, M.D.
Asst. Sec. Med. Exam. M.D. or otherAddress Frederick, Md. Date signed 17 May 1948

RECEIVED

JUL 20 1948

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH

County Frederick
 City or town Potomac near Brunswick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Potomac near Brunswick
 (If outside city or town limits, write RURAL and give nearest town)Street No. near Brunswick
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Helen Catherine Kepler

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Vincent S. Kepler

7. Birth date of deceased (mo., day, yr.)

Aug 15 - 1900

6. (c) If alive, give age

49 years

8. AGE:

Years

Months

Days

If less than one day

4799

hrs.

min.

9. Birthplace

Maryland
 (Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Home

MOTHER FATHER

12. Name

Charles W. Plush

13. Birthplace

West Virginia

14. Maiden name

Esther Remelberg

15. Birthplace

Maryland

16. Informant

Vincent S. Kepler

Address

Knorrville Md.

17.

(Burial, cremation, or removal. Which?)

Date thereof

May 29, 1948
 (month) (day) (year)

Cemetery or crematory

Luthers

Location

Madisonville Maryland

18. Funeral director

C. S. Guth & Bros.

Address

Brunswick, Md.

19.

(Date rec'd by registrar)

19

48Kathryn H. Brown
Def. Registrar

23. SIGNATURE

Dr. Plush
Brunswick, Md. Date signed 5-25-48

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24, 1948 at 3:59 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 5, 1948 to May 24, 1948
 and that I last saw him alive on May 24, 1948

Immediate cause of death

Carcinoma, breast - left
with generalized metastasis.

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

maelaris
melanotic



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05008

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Lifetime
 Hospital, institution, or street address where death occurred: Frederick Memorial Hospital
 How long in hospital or institution? 5 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Frederick - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. East of Frederick
 (If rural, give LOCATION)
 2(a) If veteran, name war None

3. (a) FULL NAME

King Mr. Albert Essey

3. (b) Social Security Number

None

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Lola E. King

7. Birth date of deceased (mo., day, yr.)

3-30-1876

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

It less than one day

72

1

1

hrs.

min.

9. Birthplace

Frederick County - Md.
 (Town, county, and state)

10. Usual occupation

Retired Farmer

11. Industry or business

MOTHER
FATHER

12. Name

James H. King

13. Birthplace

Frederick Co. Md.

14. Maiden name

Mary E. Essey

15. Birthplace

Washington - D. C.

16. Informant

Mrs. Albert E. King

Address

Frederick - Md.

17.

Burial

Date thereof 5-4-48
 (Burial, cremation, or removal. When (month) (day) (year))

Cemetary or crematory

Mt. Olivet Cemetery

Location

Frederick - Md.

18. Funeral director

C. E. Cline & Son

Address

Frederick - Md.

19.

3 May 1948
 (Date rec'd by registrar)

Elizabeth L. Hach
 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

May 1

1948

at

5 P.

M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 27

1948

to

May 1

1948

and that I last saw him alive on May 1 1948

Immediate cause of death

Carcinoma of Head of Pancreas

DURATION

1 mo.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Carcinoma of Head of Pancreas

Autopsy results

None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, pub'l'c place (where?)

Means of injury

Injured at work?

23. SIGNATURE

A. A. Pearce, M.D.
 M. D. or other
 Address Frederick, Md. Date signed 5/1/48

RECEIVED

MAY 5 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
 County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
Frederick Memorial Hospital
 How long in hospital or institution? 1 Week

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 210 East Sixth Street
 (If rural, give LOCATION)
 None

3. (a) FULL NAME
SPENCER WORTHINGTON KINSEY

3. (b) Social Security Number
214-10-4493

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced D
 6. (b) Name of husband or wife Dorrene Reaver
 7. Birth date of deceased (mo., day, yr.) April 9, 1897
 8. AGE: Years 51 Months 0 Days 27 If less than one day
 hrs. min.

9. Birthplace Montgomery County Maryland
 (Town, county, and state)
 10. Usual occupation Foreman
 11. Industry or business M. J. Grove Lime Co.
 12. Name Clarence Kinsey
 13. Birthplace Montgomery County Maryland
 14. Maiden name Lela Worthington
 15. Birthplace Harford County Maryland

16. Informant Mrs. Lottie Devilbiss
 Address 210 E. 6th St., Frederick, Md.
 17. Burial Central Cemetery Date thereof 5/9/48
 (Burial, cremation, or other disposal, which?) (month) (day) (year)
 Cemetery or crematory Near New Market, Maryland
 Location M. R. Etchison and Son
 18. Funeral director Frederick, Maryland
 Address

19. 8 May 1948 Elizabeth L. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6th 1948 at 11:15P
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
 and that I last saw him in DEAD May 6th 1948
 Immediate cause of death ruptured aorta
internal rupture
 Due to
 Due to
 Other conditions
 (Include pregnancy within 3 months of death)

Major findings of operations
 Date of op.
 Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Accident Date of 5.1.48
 Where did injury occur? Near University, Frederick, Md
 (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) Route 26
 Means of injury Truck Injured at work? Yes
 Signature R. W. Barr Deputy Medical Examiner
 23. SIGNATURE Frederick, Maryland M. D. or other
 Address 5-6-48 Date signed

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 8 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH:

County Frederick
 City or town Brunswick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 26 yrs.

Hospital, institution or street address where death occurred:

205 West B.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Brunswick
 (If outside city or town limits, write RURAL and give nearest town)Street No. 205 West B.
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Lillian Blanche Shaffer Knode

3. (b) Social Security Number

4. Sex F5. Color or race W

6.(a) Single, married, widowed, or divorced

Married6.(b) Name of husband or wife William Luther Knode7. Birth date of deceased (mo., day, yr.) JUNE 24, 1884

6.(c) If alive, give age.....years

8. AGE: Years 63 Months 10 Days 24 If less than one day9. Birthplace Brunswick Maryland
 (Town, county, and state)10. Usual occupation House wife

11. Industry or business

12. Name Frederick Shaffer13. Birthplace Munice, Germany14. Maiden name Lydia Ann Alexander15. Birthplace Knoxville, Maryland16. Informant Wm. L. KnodeAddress 205 W. B St. Brunswick, Md.17. Burial (Burial, cremation, or removal. Which?) May 21, 1948
 (month) (day) (year)Cemetery or crematorium St. Mark's EpiscopalLocation Petersville, Fred. Co., Md.18. Funeral director Jesse S. BaileyAddress 320 W. Potomac St. Brunswick, Md.19. 5-20 48 Eugenia M. Burkus
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May - 18 1948, at 9:30 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May - 27 1947, to May 18 1948and that I last saw her alive on May - 17 1948Immediate cause of death Chronic Hypertensive nephritis
Acute congestive Heart Failure

DURATION

1 wk.

Due to.....

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W B Carpenter M. D. or otherAddress Lyndhurst - Va Date signed 5/19/48

RECEIVED

MAY 22 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 131

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 15 Months
Hospital, institution, or street address where death occurred:
331 West Patrick Street
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 331 West Patrick Street
(If rural, give LOCATION)
None
2.(a) If veteran, name war

3. (a) FULL NAME

RUTH LEONARD

3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced M
6. (b) Name of husband or wife Vincent Leonard
6. (c) If alive, give age 55 years
7. Birth date of deceased (mo., day, yr.) January 24, 1899
8. AGE: Years 49 Months 3 Days 15 If less than one day
.....hrs.min.

9. Birthplace Partlandville, New York
(Town, county, and state)
10. Usual occupation At Home
11. Industry or business

FATHER 12. Name Frank E. Turk
13. Birthplace Partlandville, New York
MOTHER 14. Maiden name Addie A. Fiero
15. Birthplace Pine Hill, New York

18. Informant Vincent Leonard
Address 331 W. Patrick St., Frederick, Md.

17. Burial Burial Date thereof 5/11/48
(Burial, cremation, or removal, which?) (month) (day) (year)
Cemetery or crematory Mount Olivet Cemetery
Frederick, Maryland
Location M. R. Etchison and Son
18. Funeral director Frederick, Maryland
Address

19. 11-May 48
(Date rec'd by registrar) Elizabeth G. Hech
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8th 19 48 at 8:30 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
..... to
and that I last saw er DEAD May 9th 19 48

Immediate cause of death Asphyxiation, Illuminating gas
DURATION 1 hour
Due to
Due to
Other conditions
(Include pregnancy within 8 months of death)

Major findings of operations Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Suicide Date of 5-9-48
Where did injury occur? Frederick Frederick Md.
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Turned on gas stove Injured at work? No
Charles H. Conley, Jr. M.D. Deputy Medical Examiner
23. SIGNATURE M. D. or other
Frederick, Maryland Date signed 5-9-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 13 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05012

Reg. Dist. No. 141

1. PLACE OF DEATH:

County FrederickCity or town Rural Knoxville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County FrederickCity or town Rural Knoxville
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Lola Lovetta Lewis

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

widow

6. (b) Name of husband or wife

Edward Lewis

7. Birth date of deceased (mo., day, yr.)

Sept. 9, 1896

6. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

51815

hrs.

min.

9. Birthplace

Burkittsville, Frederick Co., Md.
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER
MOTHER

12. Name

Martin Butts

13. Birthplace

Burkittsville, Md.

14. Maiden name

Carrie Travis

15. Birthplace

Burkittsville, Md.

16. Informant

Mr. Samuel Greene

Address

Knoxville, Md.

17.

Burial
(Burial, cremation, or removal. Which?)

Date thereof

May 25, 1948
(month) (day) (year)

Cemetery or crematory

Sharpsburg Cemetery

Location

Sharpsburg, Md.

18. Funeral director

Gladiol Co.

Address

Middletown, Md.

19.

5-27
(Date rec'd by registrar)48Eugenia K. Burke

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

May 2619 48, at _____

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 4, 1948 to May 26, 1948
and that I last saw him alive on May 25, 1948

Immediate cause of death

Chronic pyelitis

DURATION

Due to

chronic pyelitis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of _____

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?) _____

Means of injury

Injured at work? _____

23. SIGNATURE

CR. Smith MD.
Brownish, Md

M. D. or other

Date signed

5-27-48

RECEIVED
MAY 31 1948
BUREAU Y. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05013

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Point of Rocks
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 40 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

GEORGE WILLIAM LILLY

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

M6. (b) Name of husband or wife Dora Alice Yowell6. (c) If alive, give age 84 years7. Birth date of deceased (mo., day, yr.) January 6, 18628. AGE: Years 86 Months 4 Days 19 If less than one day
hrs. min.9. Birthplace Rockingham County Virginia
(Town, county, and state)10. Usual occupation Retired Watchmaker

11. Industry or business

12. Name George W. Lilly13. Birthplace Virginia14. Maiden name Margaret (last name unknown)15. Birthplace Virginia16. Informant G. C. LillyAddress Point of Rocks, Maryland17. Burial Date thereof 5/28/48
(Burial, cremation, or removal, when?) (month) (day) (year)Cemetery or crematory St. Pauls CemeteryLocation Point of Rocks, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 28 May 1948 Elizabeth L. Heck
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Point of Rocks
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)2. (a) If veteran, name war None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25th, 1948 at 7 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 20 1948 to May 25 1948
and that I last saw him alive on May 24 1948Immediate cause of death Myocardial failure DURATION 4 1/2 daysDue to Chronic Myocarditis 7 y 10Due to Arteriosclerosis and
chronic cystitisOther conditions Bladder fungus

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

C. J. Price M. D.

23. SIGNATURE _____ M. D. or other

Address Jefferson, Maryland Date signed 5-26-48

RECEIVED

JUN 3 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 weeks
Hospital, institution, or street address where death occurred:
Frederick Memorial Hospital
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2.(a) If veteran, name war _____

3. (a) FULL NAME Ray W. Linton

3. (b) Social Security Number _____

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Annie Toms Linton

7. Birth date of deceased (mo., day, yr.) April 7, 1880 6. (c) If alive, give age _____ years

8. AGE: Years 68 Months _____ Days 37 If less than one day _____ hrs. _____ min.

9. Birthplace Yellow Springs, Fred. Co., Md.
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business _____

12. Name Adam Linton

13. Birthplace Point of Rocks, Md.

14. Maiden name Julianne Malott

15. Birthplace unknown

16. Informant Mrs. Ray W. Linton

Address Thurmont, Md. P.D. 1

17. Burial Gasfield Date thereof May 7, 1948
(Burial, cremation or removal. Which?) (month) (day) (year)

Cemetery or crematory Gasfield

Location Gasfield, Md.

18. Funeral director M. R. Krueger & Son

Address Thurmont, Md.

19. 6 May 19 48 Elizabeth G. Hark
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4 19 48 at 11:45 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 12 19 48 to May 4 19 48

and that I last saw him/her alive on May 4 19 48

Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations Carcinoma Pancreas

Date of operation April 25 - 48

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

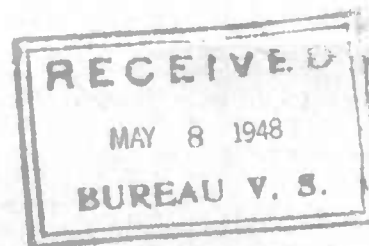
23. SIGNATURE W. P. Thomas M. D. or other VS

Address Frederick, Md. Date signed May 4

MARGIN RESERVED FOR BINDING

VS A15 9.45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05015

Reg. Dist. No. 139

1. PLACE OF DEATH: Frederick
County.....
City or town..... State Sanatorium, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Since 2/13/47
Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
How long in hospital or institution? Since 2/13/47

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State..... Maryland County.....
City or town..... Baltimore
(If outside city or town limits, write RURAL and give nearest town)
Street No. 316 E. 22nd St.
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME
Lee Shin Loy

3. (b) Social Security Number
None

4. Sex Male 5. Color or race Yellow 6. (a) Single, married, widowed, or divorced Married
6. (b) Name of husband or wife.....
6. (c) If alive, give age..... years
7. Birth date of deceased (mo., day, yr.) January 2, 1898
8. AGE: Years 50 Months 4 Days 13 If less than one day hrs. min.

9. Birthplace China
(Town, county, and state)
10. Usual occupation Laundryman
11. Industry or business

12. Name Lee You Moon
13. Birthplace China
14. Maiden name Not known
15. Birthplace China

16. Informant James Wu (friend)
Address 316 E. 22nd St., Baltimore, Md.

17. Burial Date thereof May 18, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Lorraine Cem.
Location Baltimore, Md.
M. L. Creager & Son
150 W. North Ave., Balt.
18. Funeral director
Address Thurmont, Maryland

19. May 17 1948
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 1948 at 9:00P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 13 1947 to May 15 1948 and that I last saw him alive on May 15 1948

Immediate cause of death Pulmonary Tuberculosis DURATION 8 Yrs.

Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 8 months of death)

Major findings of operations..... Date of op.
Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, tell in the following:
Accident, suicide, or homicide..... Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

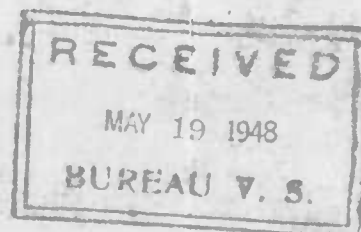
23. SIGNATURE R. B. Baccin
Address State Sanatorium, Md. Date signed 5/17/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

T

PLEASE WRITE PLAINLY, WITH NON-FADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

Now long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street No. 4 East Third Street

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

CHARLOTTE MOTTER

3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6.(a) Single, married, widowed, or divorced S

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 11, 1895

8. AGE: Years 53 Months 2 Days 21 It less than one day
.....hrs.min.

9. Birthplace Emmitsburg-Frederick-Maryland
(Town, county, and state)

10. Usual occupation School Teacher

11. Industry or business Public Schools

FATHER 12. Name Joshua S. Motter
13. Birthplace Frederick County Maryland

MOTHER 14. Maiden name Leathey Stokes
15. Birthplace Frederick County Maryland

16. Informant Miss Ruth Motter
Address 4 E. 3rd St., Frederick, Md.

17. Burial Burial Date thereof 5/4/48
(Burial, cremation, or removal, which?) (month) (day) (year)
Cemetery or crematory Mountain View Cemetery
Location Emmitsburg, Maryland

18. Funeral director M. R. Etchison and Son
Address Frederick, Maryland

19. 4 May 1948 Elizabeth H. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2nd, 1948 at 9 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 1 1948 to May 2 1948
and that I last saw him alive on May 2 1948

Immediate cause of death Intestinal Obstruction

DURATION

Carcinoma of Sigmoid 18 hrs?

Due to

Due to

Other conditions Chronic Intestinal

(Include pregnancy within 3 months of death)

Major findings of operations Carcinoma of Sigmoid
Date of op. 12/4/1947

Autopsy results no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

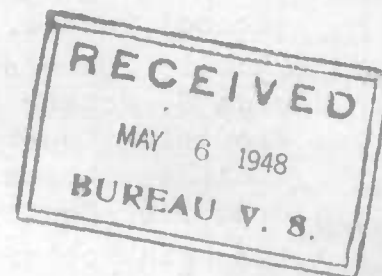
23. SIGNATURE A. A. Pearre M. D.

Address Frederick, Maryland Date signed 5-3-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

05017
131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial HospitalHow long in hospital or institution? 2 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County WashingtonCity or town Capland
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3.(a) FULL NAME

Mollie F. Norris

3.(b) Social Security Number

4. Sex Female 5. Color or race white 6.(a) Single, married, widowed, or divorced MarriedFemale white Married6.(b) Name of husband or wife Clarence E. Norris6.(c) If alive, give age 59 years7. Birth date of deceased (mo., day, yr.) Feb. 29, 18848. AGE: Years 64 Months 3 Days 1 If less than one day _____ hrs. _____ min.9. Birthplace Burkittsville, Frederick Co., Md.
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name Martin F. Flook13. Birthplace Burkittsville, Md.14. Maiden name Sarah Alexander15. Birthplace Burkittsville, Md.16. Informant Clarence E. NorrisAddress Capland, Md.17. Burial Date thereof 6-2-48
(Burial, cremation or removal, which) (month) (day) (year)Cemetery or crematorium Pleasantview CemeteryLocation Burkittsville, Md.18. Funeral director Gladden Co.Address Middletown, Md.19. June 19 48 Elizabeth B. Hack
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH May 30, 1948 at 2:30 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 28, 1948 to May 30, 1948and that I last saw him alive on May 30, 1948

Immediate cause of death _____ DURATION _____

Cerebral HemorrhageDue to Cerebral Hemorrhage?Due to Cerebral Hemorrhage

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations Manipulation Breast

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

Signature E. P. Jones M. D. or other _____Address Frederick, Md. Date signed June 5, 48

RECEIVED

JUN 7 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH ^{92d}Reg. Dist. No. ⁰⁵⁰¹⁸
¹³⁴

1. PLACE OF DEATH:

County..... FrederickRural Emmitsburg, R.D. 1
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death?..... Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... FrederickCity or town..... Rural, Emmitsburg, R.D. 1
(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

Joseph Robert Payne

3. (b) Social Security Number

None

4. Sex..... 5. Color or race..... 6.(a) Single, married, widowed, or divorced.....

Male White Married6.(b) Name of husband or wife..... Mary Lings6.(c) If alive, give age..... 53 years7. Birth date of deceased (mo., day, yr.)..... July 1, 18868. AGE: Years..... Months..... Days..... If less than one day..... hrs. min.
61 10 209. Birthplace..... Emmitsburg, Frederick Co., Md.
(Town, county, and state)10. Usual occupation..... Taxi Driver

11. Industry or business

12. Name..... Joseph E. Payne13. Birthplace..... Frederick, Md.14. Maiden name..... Margaret Gingell15. Birthplace..... Rockville, Md.16. Informant..... Mary E. PayneAddress..... Emmitsburg, R.D. 1, Md17. Burial Date thereof..... May 24, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory..... St. Joseph's CatholicLocation..... Emmitsburg, Md.18. Funeral director..... H. L. AllisonAddress..... Emmitsburg, Md.19. May 24 19 48 M. F. Shuff
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH..... May 21 19 48 at 12:05 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1930 to May 21 19 48 and that I last saw him alive on May 20 19 48Immediate cause of death..... Constrictive Heart failure DURATION 6 mo.Due to..... Hypertensive cardio vascular disease Several years

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... W. P. Cople M. D. or otherAddress..... Emmitsburg, Md. Date signed 5-24-48

CERTIFICATE OF SERVICE

Subscribed and sworn to before me this 26th day of May, 1948.

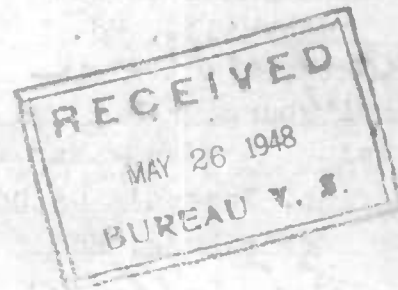
Notary Public in and for the State of New York

Page

Book of Notary Public

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Notary Public in and for the State of New York



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 05939

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 19 Years
Hospital, institution, or street address where death occurred:
212 Rockwell Terrace
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 212 Rockwell Terrace
(If rural, give LOCATION)
None
2.(a) If veteran, name war.....

3. (a) FULL NAME

DR. RUDOLPH M. RAU

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Sallie Tetrick Rau

7. Birth date of deceased (mo., day, yr.) June 1, 1871 6. (c) If alive, give age..... years

8. AGE: Years 76 Months 11 Days 25 If less than one day..... hrs. min.

9. Birthplace Bolivar, Jefferson County, W. Va.
(Town, county, and state)

10. Usual occupation Retired Doctor

11. Industry or business

12. Name Rudolph Rau

13. Birthplace Germany

14. Maiden name Amalia Mylius

15. Birthplace Germany

16. Informant Mrs. J. Tyson Lee

Address Frederick, Maryland

17. Burial Date thereof May 28, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery

Location Frederick, Maryland

18. Funeral director C. E. Cline & Son

Address Frederick, Maryland

19. 27 May 1948 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26th 1948 at 11:55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 15 1948 to May 26 1948
and that I last saw him alive on May 26 1948

Immediate cause of death..... DURATION 2 days
Cerebral Haemorrhage

Due to.....
Due to Arteriosclerosis

Other conditions Arteriosclerosis, Heart Disease & Chronic Arthritis 1 yr.
(Include pregnancy within 3 months of death)

Major findings of operations None

..... Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE A. A. Pearce, M.D.
M. D. or other.....
Address Frederick, Md. Date signed 5/27/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS/A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 29 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick
 City or town State Sanatorium, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since 4/12/48
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? Since 4/12/48

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County _____
 City or town Baltimore
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 2227½ Calvert St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war no

3. (a) FULL NAME

Francis J. Richards

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Myrtle V. Richards

6. (c) If alive, give age 49 years
 7. Birth date of deceased (mo., day, yr.) November 14, 1897

8. AGE: Years 50 Months 5 Days 28 If less than one day _____ hrs. _____ min.

9. Birthplace Baltimore, Maryland
 (Town, county, and state)

10. Usual occupation Chauffeur

11. Industry or business

12. Name Frank Richards13. Birthplace ? Unk.14. Maiden name Mary E. McGee15. Birthplace Baltimore, Md.16. Informant Deceased

Address

17. Burial Date thereof May 15, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Morland MemorialLocation Baltimore, Md.18. Funeral director M. L. Creager & SonAddress Thurmont, Maryland

19. May 12 1948
 (Date rec'd by registrar) Registrar W. D. [Signature]

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1948, at 1:20A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 12 1948 to May 12 1948 and that I last saw him alive on May 12 1948

Immediate cause of death Pulmonary Tuberculosis DURATION 9 Mos.

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE R. G. Baccin M. D. X

Address State Sanatorium, Md. Date signed 5/12/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct use of this form is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 14 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Wesport
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Joseph M. Ridgeway

3. (b) Social Security Number

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Lydia B. Davis

7. Birth date of deceased (mo., day, yr.)

Jan. 15 - 18846. (c) If alive, give age 46 years

8. AGE:

Years

Months

Days

If less than one day

6448

hrs.

min.

9. Birthplace

Virginia
(Town, county, and state)

10. Usual occupation

Br. & R. Switchman

11. Industry or business

Transportation

12. Name

Joseph Ridgeway

13. Birthplace

Virginia

14. Maiden name

Sarah Baker

15. Birthplace

Virginia

16. Informant

Mrs. Lydia B. Ridgeway

Address

Wesport Md.

17. Burial

(Burial, cremation, or removal, which)

Date thereof

May 26 1948

Cemetery or place of

Reformed

Location

Snodgrass Md.

18. Funeral director

L. N. Fenter Bros

Address

Brunswick Md.19. 25 May 1948

(Date rec'd by registrar)

Elizabeth G. Heck
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 1948, at 9:59 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 15 1948 to May 24 1948and that I last saw him alive on May 24 1948

Immediate cause of death

DURATION

Intermittent obstruction

Due to

Brown growth

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

obstructionDate of op. May 1 - 48

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE

E. P. Thomas

M. D. or other

Address Frederick Md. Date signed May 27 - 48



05022

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick
 City or town State Sanatorium, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since 10/12/37
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? Since 10/12/37

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Allegany
 City or town Frostburg
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 110 Bowery St.
 (If rural, give LOCATION)
 2. (a) If veteran, name war

3. (a) FULL NAME

Bryan L. Shannon

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) April 15, 1902 6. (c) If alive, give age. years

8. AGE: Years 46 Months 1 Days 9 If less than one day hrs. min.

9. Birthplace West Virginia
 (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

12. Name Edward Shannon13. Birthplace West Virginia14. Maiden name Louise Roberts15. Birthplace Washington, D.C.16. Informant Deceased

Address

17. Burial Date thereof May 26, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Allegheny CemeteryLocation Frostburg, Md.18. Funeral director Hager Funeral ServiceAddress Crisfield, Md.19. May 24 19 48

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 19 48, at 12:07 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 12 19 37 to May 24 19 48
 and that I last saw him alive on May 24 19 48

Immediate cause of death Pulmonary Tuberculosis DURATION 11 Yrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R. W. Parris M. D. XXXXAddress State Sanatorium, Md. Date signed 5/24/48

MARGIN RESERVED FOR BINDING

VS A15 9-45:15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH LEADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 147

1. PLACE OF DEATH:

County FrederickCity or town Mt. Airy
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1 yr.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Mt. Airy
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (a) FULL NAME

Bessie M. Shipley

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife _____

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) May 19, 18708. AGE: Years 77 Months 11 Days 12 If less than one day _____ hrs. _____ min.9. Birthplace Baltimore, Md.
(Town, county, and state)10. Usual occupation None

11. Industry or business _____

12. Name Bradley & Shipley13. Birthplace Md.14. Maiden name MARY E. FORD15. Birthplace Md.16. Informant Miss Bessie DavisAddress Mt. Airy, Md.17. BURIAL Date thereof 5-4-48
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematory Pine GroveLocation Mt. Airy, Carroll Co. Md.18. Funeral director E. M. WalzAddress Winfield, Md.19. May 3 19 48 Blaise A. Runkles
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1, 1948 19 _____ at 11:30 P.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 27, 1948 19 _____, fo. May 1, 1948 19 _____and that I last saw him/her alive on May 1, 1948 19 _____Immediate cause of death Intestinal Obstruction DURATION 4 daysDue to Carcinoma of Colon 1 yr. (?)

Due to _____

Other conditions Chr. Myocarditis 3 yrs.

(Include pregnancy within 3 months of death)

Major findings of operations none

Date of op. _____

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

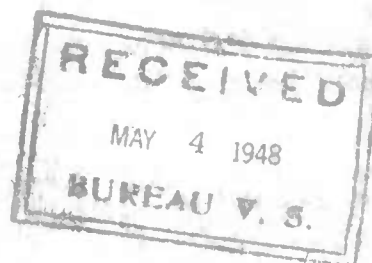
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Stanley Grabill M. D. or otherAddress Mt. Airy, Md. Date signed 5/3/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05024

83a

Reg. Dist. No. 144

1. PLACE OF DEATH:

County FrederickCity or town Rocky Ridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? One year

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Rocky Ridge - rural
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

SMITH, JACK

3. (b) Social Security Number

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

7. Birth date of
deceased (mo., day, yr.)

6. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

approx 73

_____ hrs. _____ min.

9. Birthplace _____
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal. Which?)

Date thereof May 5 1948
(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19. May 5 1948
(Date filed by registrar)Blanche S. Eyles
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3 May 1948 at 1:00 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

never 1948 to 1948
and that I last saw him live on 3 May 1948

Immediate cause of death

Cerebral hemorrhage

DURATION

1 hr. (?)

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

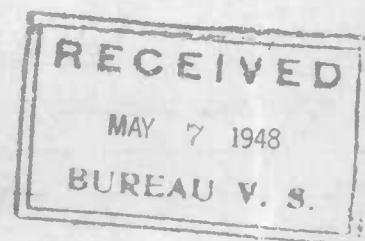
Injured at home, farm, industry, public place (where?) _____

Means of injury

Injured at work?

23. SIGNATURE

Charles H. Coley, M.D.
Address Frederick, Md. Date signed 5/3/48



05025

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Lifetime
 Hospital, institution, or street address where death occurred:
Frederick Memorial Hospital
 How long in hospital or institution? 8 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 10 College Avenue
 (If rural, give LOCATION)
 2.(d) If veteran, name war None

3. (a) FULL NAME

Harry Milton Spahr

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced
 6. (b) Name of husband or wife Lydia E. Heidinger
 6. (c) If alive, give age 60 years
 7. Birth date of deceased (mo., day, yr.) June 30- 1885
 8. AGE: Years 62 Months 11 Days 0 If less than one day
 hrs. min.

9. Birthplace Woodsboro-Frederick Co. Md.
 (Town, county, and state)
 10. Usual occupation Retired farmer and Lime Mfg.
 11. Industry or business

FATHER 12. Name Milton O. Spahr
 13. Birthplace Woodsboro, Md.
 MOTHER 14. Maiden name Alice C. Ramsburg
 15. Birthplace Dublin, Md.

16. Informant Mrs. H.M. Spahr
 Address 10 College Ave.- Frederick, Md.
 17. Burial Date thereof June 2-1948
 (Burial, cremation, or removal, where?) (month) (day) (year)

Cemetery or crematory Mount Hope Cemetery
 Location Woodsboro, Md.
 18. Funeral director C.E. Cline and Son
 Address Frederick, Md.

19. 1-June-1948 Elizabeth G. Hecker
 (Date read by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30th 19 48 at 9:30A. M
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
May 21 1948 to May 30 1948
 and that I last saw him alive on May 29 1948
 Immediate cause of death Cerebral Hemorrhage DURATION

Due to Cerebral Hemorrhage
 Due to 9 Days
 Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.....
 Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Manner of injury Injured at work?

23. SIGNATURE H. H. Steiner M. or other
Frederick Md Date signed 9/31/48
 Address.....

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 3 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05026

93d

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? LifetimeHospital, institution, or street address where death occurred:
68 South Market Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 68 South Market Street
(If rural, give LOCATION)2. (a) If veteran, name war None

3. (a) FULL NAME

WILLIAM STEPHENS

3. (b) Social Security Number

None

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of ~~husband~~ or wife Annie May Gittings Stephens7. Birth date of deceased (mo., day, yr.) February 22, 1871

6. (c) If alive, give age _____ years

8. AGE: Years 77 Months 2 Days 24 If less than one day _____ hrs. _____ min.9. Birthplace Liberty, Frederick County, Maryland
(Town, county, and state)10. Usual occupation Printer

11. Industry or business

12. Name John Stephens13. Birthplace Carroll County, Maryland14. Maiden name Sara C. Whitmore15. Birthplace Frederick County, Maryland16. Informant Mr. Ernest B. StephensAddress Frederick, Maryland17. Burial Date thereof May 19, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director C. E. Cline & SonAddress Frederick, Maryland19. 18 May 1948 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16th 1948 at 1:00 P. M.

21. CERTIFY that death occurred on the date above stated; that it tended deceased from

May 1 1948 to May 15 1948and that last saw him alive on May 15 1948Immediate cause of death Chronic Myocarditis

DURATION

Due to.

Due to.

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury Heart Injured at work?23. SIGNATURE Heck M. D. or other 18/48Address Frederick, Md Date signed 18/48

RECEIVED

MAY 20 1943

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Lifetime
Hospital, institution, or street address where death occurred:
Frederick Memorial Hospital
How long in hospital or institution? 20 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 236 East 6th Street
(If rural, give LOCATION)
2. (a) If veteran, name war None

3. (a) FULL NAME

Jacob E. Summers

3. (b) Social Security Number

220-10-5621

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Marie Carter Summers 6. (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) July 3, 1878

8. AGE: Years 69 Months 10 Days 13 hrs. min.

9. Birthplace Frederick County, Md.
(Town, county, and state)

10. Usual occupation Labourer

11. Industry or business

12. Name Martin S. Summers

13. Birthplace Frederick County, Md.

14. Maiden name Catherine Paffenbarger

15. Birthplace Myersville, Maryland

16. Informant Mrs. Jacob E. Summers

Address Frederick, Maryland

17. Burial Date thereof May 19 1948
(Burial, cremation, or removal, which) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery

Location Frederick, Maryland

18. Funeral director C. E. Cline & Son

Address Frederick, Maryland

19. 18 May 1948 Elizabeth B. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1948, at 8⁰⁰ P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from never to 16 May 1948

and that I last saw him alive on 16 May 1948

Immediate cause of death Multiple injuries, lacerations, contusions, fractures, etc.,

Perforation of stomach,

Due to Possible fracture of skull

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 15 May 1948

Where did injury occur? Frederick, Md.
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Street

Means of injury Struck by auto Injured at work? No

23. SIGNATURE Charles H. Conley Jr., M.D.

and Dep. Med. Exam. & B. or other

Address Frederick, Md. Date signed 17 May 48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 20 1948
BUREAU OF S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 131

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital
How long in hospital or institution? Since April 24, 1948

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State West Virginia County Lewis
City or town Weston
(If outside city or town limits, write RURAL and give nearest town)
Street No. 684 Locust Avenue
(If rural, give LOCATION)
2. (a) If veteran, name war None ✓

3. (a) FULL NAME

WARRICK RICHARD TAYLOR

3. (b) Social Security Number

232-285-916

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced S

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 15, 1917

8. AGE: Years 31 Months 1 Days 19 If less than one day hrs. min.

9. Birthplace Weston-Lewis-West Virginia
(Town, county, and state)
10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name John C. Taylor
13. Birthplace Rollison, West Virginia

MOTHER 14. Maiden name Martha E. Ratliss
15. Birthplace West Virginia

16. Informant Theodore G. Taylor
Address Morgantown, West Virginia

17. Removal 5/5/48
(Burial, cremation, or removal, whichever) (month) (day) (year)
Cemetery or crematory
Location Weston, West Virginia

18. Funeral director M. R. Etchison and Son
Address Frederick, Maryland

19. 5 May 1948 Elizabeth S. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4 1948 at 11:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him dead May 5 1948

Immediate cause of death Generalized peritonitis DURATION 10 days

Due to auto accident

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Rupture of small intestine Date of op. 7.24.48

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 4.24.48
Where did injury occur? near Jefferson, Frederick Co. (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Route 240

Means of injury Auto Injured at work? No

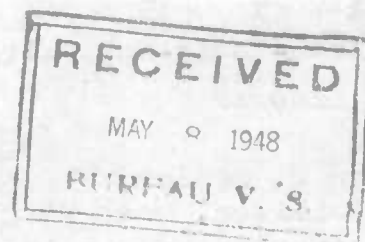
23. SIGNATURE P. W. Barr Deputy Med Ex.

Address Frederick, Md M. D. or other Ex.
Date signed 5-8-48

MARGIN RESERVED FOR BINDING

VS A15 9.45-15 M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County BaltimoreCity or town Bellevue Road - Rural
(If outside city or town limits, write RURAL and give nearest town)Street No. Randallstown Rd 205
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

FAY LOUISE Thompson
Baby Girl

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

✓

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

May 24 - 1948

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

0 0 0 2 hrs. 33 min.

9. Birthplace

Frederick, Maryland.
(Town, county, and state)

10. Usual occupation

None

11. Industry or business

Ruby E. ThompsonMARYLANDHazel E. PoffVirginiaMr. Ruby E. ThompsonBaltimore, Md.Burial5-25-48Montgomery ChapelChaggoatsville, Monty. Co. Md.G. M. WaltzWinfield, Md.Elizabeth S. Heck24 May 1948Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 1948 at 4:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 24 1948 to May 24 1948

and that I last saw him alive on..... 19.....

Immediate cause of death

DURATION

Due to AnoxiaDue to Preterm laborOther conditions Pressure on cord

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town)..... (County)..... (State).....

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE

M. D. or other

Address Maryland Date signed 5/24/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

126

05031

131

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

Frederick Memorial HospitalHow long in hospital or institution? Since May 20, 1948

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 804 East South Street

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

JAMES PATRICK TINNEY

3. (b) Social Security Number

4. Sex <u>M</u>	5. Color or race <u>W</u>	6. (a) <u>Single</u> , married, widowed, or divorced <u>M</u>
--------------------	------------------------------	--

6. (b) Name of husband or wife Anna E. Shelton6. (c) If alive, give age 58 years7. Birth date of deceased (mo., day, yr.) December 5, 1880

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>5</u>	<u>17</u>hrs.min.

9. Birthplace Frederick-Frederick-Maryland
(Town, county, and state)10. Usual occupation Retired

11. Industry or business

FATHER	12. Name <u>James P. Tinney</u>
	13. Birthplace <u>Ireland</u>

MOTHER	14. Maiden name <u>Louisa Hallwedle</u>
	15. Birthplace <u>Frederick County Maryland</u>

16. Informant Mrs. Anna S. Tinney
Address 804 E. South St., Frederick, Md.17. Burial 5/25/48
(Burial, cremation, or removal. When?) (month) (day) (year)Cemetery or crematorium Mount Olivet Cemetery
Frederick, Maryland
Location18. Funeral director M. R. Etchison and Son
Address Frederick, Maryland19. 24 May 1948
(Date rec'd by registrar) Elizabeth L. Hech
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 19 48 at P A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 20 19 48 to May 22 19 48
and that I last saw him alive on May 22 19 48Immediate cause of death Coronary thrombosis DURATION 1/2 hr.

Due to

Due to Cholecystectomy 2 days

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations Cholecystitis
Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide..... Date ofWhere did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?23. SIGNATURE William L. ...
Address Frederick, Md.
May 22 48 Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

123

05032

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial HospitalHow long in hospital or institution? Since April 26, 1948

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick-Rural R. F. D. #3
 (If outside city or town limits, write RURAL and give nearest town)

Street No. Yellow Springs
 (If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

SADIE ELLEN TWENTY

3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced M

8. (b) Name of husband or wife George L. Twentey

6. (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) September 14, 1878

8. AGE: Years 69 Months 7 Days 17 If less than one day
 hrs. min.

9. Birthplace Church Hill-Frederick-Maryland
 (Town, county, and state)

10. Usual occupation At Home

11. Industry or business

FATHER 12. Name J. Ezra Summers
 13. Birthplace Frederick County Maryland

MOTHER 14. Maiden name Mary Palmer
 15. Birthplace Frederick County Maryland

16. Informant George L. Twentey
 Address R.F.D.#3, Frederick, Maryland

17. Burial Date thereof 5/3/48
 (Burial, cremation, or removal. When?) (month) (day) (year)

Cemetery or crematory Brook Hill Cemetery
Yellow Springs, Maryland
 Location M. R. Etchison and Son

18. Funeral director Frederick, Maryland
 Address

19. 3 May 1948 Elizabeth G. Heck
 (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1st, 1948, at 6:30A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 26 1948 to May 1 1948
 and that I last saw him alive on April 31 1948

Immediate cause of death

Pulmonary Embolism

DURATION

1/2 hr.

Due to Following hemorrhoids

& hemorrhoids

Due to hemorrhoids

5 days

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Hemorrhoids Date of op. Apr 27, 1948

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

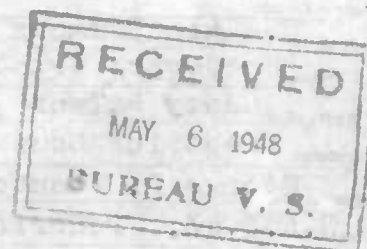
Means of injury Injured at work?

23. SIGNATURE Frank Whorthington M. D.

Frederick, Maryland M. D. or other

Date signed 5-3-48

CERTIFICATE OF DEATH



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 mo 9 days
Hospital, institution, or street address where death occurred:
Frederick Memorial Hosp.
How long in hospital or institution? 1 mo 9 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Carroll
City or town Eden
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2.(a) If veteran, name war _____

3. (a) FULL NAME

Ida Elizabeth Vanderpool

3. (b) Social Security Number

none

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widow

6. (b) Name of husband or wife Jesse L. Vanderpool
6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) July 21, 1876

8. AGE: Years 71 Months 10 Days 2 If less than one day _____ hrs. _____ min.

9. Birthplace Rochester, New York
(Town, county, and state)

10. Usual occupation house work

11. Industry or business own home

12. Name George Jones

13. Birthplace _____

14. Maiden name Barbara Ann Roach

15. Birthplace New York

16. Informant Rev. Chas. G. Owen

Address Eden, Md.

17. Burial Date thereof 5-25-48
(Burial, cremation or removal, etc.) (month) (day) (year)

Cemetery or crematory Mt. Hope Cemetery

Location Rochester, New York

18. Funeral director C. O. Fuss, Jr.

Address Eden, Md.

19. 23-May 19 48
(Date rec'd by registrar)

Elizabeth G. Heck
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23 19 48, at 7:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Apr 14 19 48, to May 23 19 48, and that I last saw her alive on May 23 19 48.

Immediate cause of death _____

Carcinoma of Stomach

Due to _____

Due to _____

Other conditions _____

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Lifetime
 Hospital, institution, or street address where death occurred:
129 South Market Street
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 129 South Market Street
 (If rural, give LOCATION)
 2. (a) If veteran, name war None

3. (a) FULL NAME

Margaret Waters

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Single
 6. (b) Name of husband or wife
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) June 25-1858

8. AGE: Years Months Days If less than one day
89 11 5 _____ hrs. _____ min.

9. Birthplace Frederick County Maryland
 (Town, county, and state)

10. Usual occupation Housekeeper

11. Industry or business Home

FATHER 12. Name Horatio Waters

13. Birthplace Frederick, Md.

MOTHER 14. Maiden name Rachael O. Hogg

15. Birthplace Elkton, Maryland

16. Informant Mrs. Harry Castle
Frederick, Md.
 Address

17. Burial Date thereof June 1-1948
 (Burial, cremation, or removal) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery
 Location Frederick, Md.

18. Funeral director C.E. Cline and Son
Frederick, Md.
 Address

19. 1-June 1948 Elizabeth Hesk
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30th 1948 at 7:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 24 1948 to May 30 1948
 and that I last saw him/her alive on May 29 1948
 Immediate cause of death _____ DURATION _____

Due to Cerebral Thrombosis

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE H. H. Hesk M.D. or other _____

Address 129 South Market Street Date signed 5/31/48

RECEIVED

JUN 3 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Lifetime
 Hospital, institution, or street address where death occurred:
Frederick Memorial Hospital
 How long in hospital or institution? 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 15 East All Saints Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3.(a) FULL NAME

Gary Wayne Weatherholt

3.(b) Social Security Number

None

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Single
 6.(b) Name of husband or wife.....
 6.(c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.) January 25-1948
 8. AGE: Years Months Days If less than one day
3 11 hrs. min.

9. Birthplace Frederick County Maryland
 (Town, county, and state)

10. Usual occupation.....

11. Industry or business.....

FATHER 12. Name Jacob D. Weatherholt13. Birthplace Moorfield, W. Va.MOTHER 14. Maiden name Edith Ramsburg15. Birthplace Frederick Co. Md.16. Informant Jacob D. WeatherholtAddress Frederick, Md.

17. Burial Date thereof May 7-1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Md.18. Funeral director C.E.Cline and SonAddress Frederick, Md.

19. 6-May 1948 Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6th 1948 at 12:15a PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 4 1948 to May 6 1948
 and that I last saw him/her alive on May 5 1948

Immediate cause of death
Bilateral capillary
pneumonia
5 days

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

..... Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

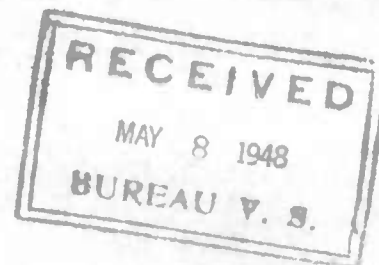
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE P. W. Bau M. D. or other

Address Frederick, Md. Date signed 5-6-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 302

1. PLACE OF DEATH:

County WashingtonCity or town Maugansville
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 18 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Maugansville
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)2.(a) If veteran, name war non-veteran

3. (a) FULL NAME

CLARA B. WEAVER

3. (b) Social Security Number

none

4. Sex <u>Female</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Widowed</u>
-------------------------	----------------------------------	--

6. (b) Name of husband or wife John W. Weaver7. Birth date of deceased (mo., day, yr.) August 12, 1857

8. AGE: Years <u>90</u>	Months <u>9</u>	Days <u>19</u>	If less than one dayhrs.min.
----------------------------	--------------------	-------------------	--

9. Birthplace Franklin Co., Pa.
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

MOTHER	12. Name <u>John Railey</u>
	13. Birthplace <u>Penna.</u>

FATHER	14. Maiden name <u>Barbara Creager</u>
	15. Birthplace <u>Penna.</u>

16. Informant Moses R. Horst
Address Maugansville, Md.17. Burial Date thereof 6/3/48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Reiff CemeteryLocation Washington Co., Md.18. Funeral director G. J. Norman
Address Hagerstown Md.19. June 1, 1948
(Date rec'd by registrar) Registrar Charles Howard

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31 - 48 12:15 PM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1-1-48 to 5-31-48
and that I last saw him alive on 5-20-48

Immediate cause of death

DURATION

Due to Cordia Vasculi
Sinore

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Railey M. D. or otherAddress Hagerstown Md. Date signed 6/1/48

12-10-48

RECEIVED

JUN 3 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH:
County..... Frederick
City or town..... Sabillasville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?..... 60 years
Hospital, institution, or street address where death occurred:
.....
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State..... Maryland County..... Frederick
City or town..... Sabillasville
(If outside city or town limits, write RURAL and give nearest town)
Street No.....
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3.(a) FULL NAME
May Zean Williar

3.(b) Social Security Number
None

4. Sex..... Female
5. Color or race..... White
6.(a) Single, married, widowed, or divorced..... Widowed
6.(b) Name of husband or wife..... Charles A. Williar
6.(c) If alive, give age..... years
7. Birth date of deceased (mo., day, yr.)..... November 3, 1868
8. AGE: Years..... 79 Months..... 6 Days..... 18 It less than one day..... hrs. min.

9. Birthplace..... Lantz, Frederick Co., Md.
(Town, county, and state)
Housewife
10. Usual occupation.....
11. Industry or business.....
12. Name..... Frederick N. Willhide
13. Birthplace..... Lantz, Md.
14. Maiden name..... Mary E. Stull
15. Birthplace..... Thurmont, Md.

16. Informant..... Mrs. Paul Fry
Address..... Sabillasville, Md.
17. Burial..... Date thereof..... May 24, 1948
(Burial, cremation, or removal. Which?)..... (month) (day) (year)
Cemetery or crematory..... Blue Ridge
Location..... Thurmont, Md.
18. Funeral director..... M. L. Creager & Son
Address..... Thurmont, Md.

19. May 21, 1948
(Date rec'd by registrar).....
Registrar..... Blanche S. Eyles

MEDICAL CERTIFICATION

20. DATE OF DEATH..... 5-21-48 at 10:30 AM
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5-15-48 to 5-21-48
and that I last saw him alive on 5-20-48

Immediate cause of death.....
Colon
DURATION..... 2 years

Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings of operations.....
Date of op.....
Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide..... Date of.....
Where did injury occur?..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?).....
Means of injury..... Injured at work?

23. SIGNATURE.....
Blue Ridge Summit, Pa. 5/2/48
M. D. or other.....
Date signed.....

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 28 1948

BUREAU V. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Lifetime

Hospital, institution, or street address where death occurred:
201 South Market Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street No. 201 South Market Street
(If rural, give LOCATION)

2. (a) If veteran, name war None

3. (a) FULL NAME

CAROLINE R. WOLFORD

3. (b) Social Security Number

220-05-7368

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female

White

Separated

6. (b) Name of husband or wife Raymond W. Wolford

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) November 29, 1883

8. AGE: Years Months Days If less than one day
64 5 25 _____ hrs. _____ min.

9. Birthplace Frederick, Frederick County, Md.
(Town, county, and state)

10. Usual occupation Housekeeper

11. Industry or business

12. Name Kunkle Ebberts

13. Birthplace Frederick County, Maryland

14. Maiden name Fannie Whitter

15. Birthplace Frederick County, Maryland

16. Informant Mrs. Melvin Carbaugh

Address Frederick, Maryland

17. Burial Date thereof May 27, 1948
(Burial, cremation, or removal, whichever) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery

Location Frederick, Maryland

18. Funeral director C. E. Cline & Son

Address Frederick, Maryland

19. 26 May 1948 Elizabeth Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24th 19 48 at 6:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 24 19 48

and that I last saw him alive on May 24 19 48

Immediate cause of death: Carcinoma Uterus

DURATION ?

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

Signature Howard W. Cline M.D.

23. SIGNATURE Frederick Ma M. D. or other

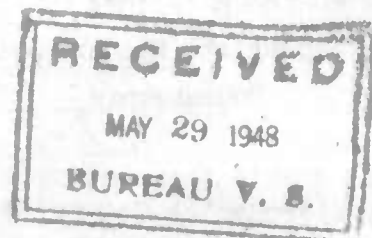
Address Frederick Ma Date signed 5-26-48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05038

Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick
City or town State Sanatorium, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Since 4/15/48
Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
How long in hospital or institution? Since 4/15/48

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No. 411 W. Antietam St.
(If rural, give LOCATION)
2. (a) If veteran, name war

3. (a) FULL NAME

Andrew Jackson McClelland Zack

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single
6. (b) Name of husband or wife
6. (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) August 14, 1913
8. AGE: Years 34 Months 9 Days 1 If less than one day hrs. min.

9. Birthplace Homer City, Pa.
(Town, county, and state)
10. Usual occupation Salesman
11. Industry or business
12. Name Daniel M. Zack
13. Birthplace Homer City, Pa.
14. Maiden name Agnes M. Garnith
15. Birthplace ?

16. Informant Deceased
Address
17. Funeral Date thereof May 18, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Rose Hill
Location Hagerstown, Md.
18. Funeral director M. L. Creager & Son
Address Thurmont, Maryland
May 15 19 48
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 19 48 at 6:10 A. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 15 19 48 to May 15 19 48 and that I last saw him alive on May 15 19 48.
Immediate cause of death Pulmonary Tuberculosis
DURATION 5 Mos.
Due to
Due to
Other conditions
(Include pregnancy within 8 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

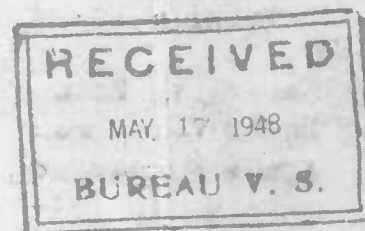
23. SIGNATURE R. B. Beebe M. D. J. Beebe
Address State Sanatorium, Md. Date signed 5/15/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A75

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct use of this form is especially important. Physicians: please write the causes of death clearly and legibly.



RECEIVED

MAY 17 1948

BUREAU V. S.